

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for <u>one</u> month	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for <u> </u> months	Amount by which Column (4) exceeds limits specified in 42 CFR
<u> </u> urban only		435.1007*		435.1007*
<u> </u> urban & rural				

5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

For each additional person,

add: \$ 50.00 \$ \$ \$

*The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

SUPERSEDES: TN- 95-16

STATE <u>OKlahoma</u>	A
DATE REC'D <u>3-26-03</u>	
DATE APPV'D <u>6-17-03</u>	
DATE EFF <u>2-1-03</u>	
HCFA 179 <u>OK 03-07</u>	

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SUPPLEMENT 2 TO ATTACHMENT 2.6-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

RESOURCE LEVELS (Continued)

APPLICABLE TO ALL GROUPS

B. MEDICALLY NEEDY

Family Size

Resource Level

1

2

3

4

5

6

7

8

9

10

For each additional person:

NOT APPLICABLE

SUPERSEDES: TN- 97-20

STATE <u>OKlahoma</u>	A
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SEPTEMBER 1986

ATTACHMENT 3.1-B
Page 1

State: OKLAHOMA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S):

The following ambulatory services are provided:

NOT APPLICABLE

THIS STATE PLAN DOES NOT INCLUDE THE MEDICALLY NEEDY

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TN# 86-20

SUPERSEDES: TN- 86-20

STATE <u>Oklahoma</u>	A
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HCFA 179 <u>OK 03-06</u>	

State: OKLAHOMA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- B. The method used to collect cost sharing charges for medically needy individuals:
- ___ Providers are responsible for collecting the cost sharing charges from individuals.
- ___ The agency reimbursed providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

NOT APPLICABLE

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SUPERSEDES TN- 93-06

STATE <u>OKlahoma</u>	A
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HCFA 179 <u>OK 03-07</u>	

State: OKLAHOMA

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

NOT APPLICABLE

- E. Cumulative maximums on charges

- ___ State policy does not provide for cumulative maximums.
___ Cumulative maximums have been established as described below:

NOT APPLICABLE

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SUPERSEDES TN- 93-06

STATE <u>Oklahoma</u>	A
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August 1991

OMB No.: 0938-

State: OKLAHOMA

Citation
42 CFR
435.10 &
435.300

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in
ATTACHMENT 2.2-A.

- ☐ Mandatory categorically needy and other required special groups only.
- ☐ Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- ☒ Mandatory categorically needy, other required special groups, and specified optional groups.
- ☐ Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

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SUPERSEDES TN- 92-02

STATE <u>Oklahoma</u>	A
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State: OKLAHOMACitation3.1 Amount, Duration, and Scope of Services (continued)42 CFR Part 440,
Subpart B(a)(2) Medically needy.

 This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

Services for the medically needy include:

1902(a)(10)(C)(iv)
of the Act
42 CFR 440.220

(i) If services in an institution for mental diseases (42 CFR 440.140 and 440.160) or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1) through (20). The services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

 Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of
the Act

(ii) Prenatal care and delivery services for pregnant women.

SUPERSEDES: TN- 92-03

STATE <u>OKlahoma</u>	A
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May 22, 1980

OMB No.: 0938-0193

State: OKLAHOMA

Citation

42 CFR Part
440, Subpart B
42 CFR 441.15
AT-78-90
AT 80-34

3.1 (b) Home health services are provided in accordance
with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all
categorically needy individuals 21 years
of age or over.
- (2) Home health services are provided to all categorically needy
individuals under 21 years of age.

 Yes.

 Not applicable. The State plan does not provide for skilled
nursing facility services for such individuals.

(3) Home health services are provided to the medically needy:

 Yes, to all.

 Yes, to individuals age 21 or over; SNF services are provided.

 Yes, to individuals under age 21; SNF services are provided.

 No; SNF services are not provided.

 X Not applicable; the medically needy are not included under
this plan.

SUPERSEDES: TN- 90-24

STATE <u>OKlahoma</u>	A
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State: OKLAHOMA

Citation

- 447.51 through 447.58
- 4.18(c) — Individuals are covered as medically needy 42 CFR under the plan.
- (1) — An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.
- 447.51 through 447.58 (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:
- (i) Services to individuals under age 18, or under--
- Age 19
 - Age 20
 - Age 21
- Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable:

SUPERSEDES: TN- 92-01

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